



NATIONAL TRAINING SURVEY

2022 results

General
Medical
Council

National training survey 2022

Foreword

Every year our national training survey gives us an essential and uniquely comprehensive insight into the experiences of trainee doctors and their trainers in all four countries of the UK.

Completed by more than 67,000 doctors, all of them either trainees or trainers, this year's survey tells us that trainees rate their training highly and trainers are positive about their work.

There is some variation across different specialties, but trainees overall are largely positive about the teaching and supervision they have received, with almost three-quarters of them rating workplace training as good or very good. Nine in ten trainers report that they enjoy their roles.

However, our survey findings show that more than one in ten (12%) trainees and nearly two in ten (18%) trainers do not agree that their employer provides a supportive environment for everyone regardless of background, beliefs, or identity. We know experiences of support and inclusion vary according to doctors' protected characteristics. Tackling inequality needs to remain an urgent priority for everyone. Not only is it the right thing to do, it's also essential to retain trainees and trainers, and to develop a sustainable workforce for the future. For our part, we will continue our work with employers and post-graduate education bodies to eliminate disparity in education and training.

Of equal concern is that the risk of burnout is now the highest it has ever been since we began tracking it in 2018. Two-thirds of trainee doctors said they are 'always' or 'often' worn out at the end of their working day, and 44% told us they were regularly exhausted in the morning at the thought of another day of work, an increase of seven percentage points since last year.

We also know that 55% of trainers were not able to use all the training time allocated for that purpose, due to conflicting workload pressures, rising from 53% in 2021. Our analysis shows that 63% of trainees and 52% of doctors working as trainers are at a moderate or high risk of burnout. That risk has increased since 2021 across every specialty of trainees: what should have been a blip is in danger of becoming a trend. We must get better at valuing trainers and their wellbeing, or face a real risk of losing those who we rely upon to ensure good practice is handed down to the next generation of doctors.

That calls for our health services to put doctors' needs at the heart of workforce planning. By taking better care of the clinicians we have, we can prevent more doctors from leaving the profession, and so prevent more harm coming to patients.

The health services cannot address treatment backlogs during the challenging times ahead with an exhausted and depleted supply of clinicians.

For that reason we share comprehensive data from our survey with employers and postgraduate training leads, so that they can target areas of concern and promote good practice. We expect employers to use these data to address local issues and for workforce planners to ensure that support for trainees and trainers is at the heart of future workforce policy decisions.

That will contribute to the development of better environments that support doctors from all backgrounds, grades, and specialties.

It is testament to the hard work and commitment of trainees and trainers that the quality of training across the UK remains high, despite these challenges, and we are grateful for their resilience and dedication.

We owe it to them, and to patients, to make sure that overwork and burnout do not become the norm.

Charlie Massey

Chief Executive and Registrar

Introduction

The national training survey is the largest annual survey of doctors in the UK. Every year we ask trainees about the quality of their training and the environments where they work, and trainers about their experience as a clinical and/or educational supervisor. The survey questions are focused on our standards for medical education and training – [Promoting excellence](#) – which are organised around five themes:

- Learning environment and culture
- Educational governance and leadership
- Supporting learners
- Supporting educators
- Developing and implementing curricula and assessments.

A note about the 2022 survey

Once again, we've included questions relating to the coronavirus (COVID-19) pandemic in the trainee survey so we can continue to monitor its impact on doctors' training, work, and wellbeing.

We introduced significant changes to the trainer survey following extensive engagement with doctors and our stakeholders. We shortened and refocused the questions to place greater emphasis on the support and professional development that trainers receive in their roles. However, we kept questions that crossover with the trainee survey, to allow us to compare results in key areas.

Using data to drive improvements

The survey provides comprehensive data and insight into the experiences of doctors in training and trainers in England, Northern Ireland, Scotland, and Wales.

A full breakdown of results is available via the [online reporting tool](#) on our website, where you can view national, regional, local and specialty breakdowns for all survey indicators.

How we use the findings

The responses we receive allow us to assess how our standards are being delivered in primary and secondary care across all four countries of the UK. And whether educational experiences are being provided in safe, effective, and appropriately supportive training environments.

They help us to identify areas of risk or [good practice](#). Where we identify risks, we work with those responsible for delivering and providing training, to tackle them. If data for a particular training location are significantly more negative than the UK average, we support the relevant postgraduate dean - and may put procedures in place, such as enhanced monitoring* - to protect training, and ensure patient safety.

We also use the survey findings to look for trends across postgraduate education environments and specialties. This allows us to speak up about issues that affect doctors who are delivering and receiving training; and to contribute to work with others across the healthcare system on policies or initiatives that drive improvements for the future.

What we expect from others

For 2022 we have added new reports to our online reporting tool to make it easier for users to explore and interrogate the results. We expect postgraduate deans, medical royal colleges, training providers and employers to make full use of the tool and the comprehensive data available in it. They should scrutinise what trainees and trainers are telling them about training in their country, region, speciality, and site, so that they can target areas of concern, promote high quality training, and enable progression. And we strongly encourage clinical leaders to identify examples of good practice that can contribute to the development of environments that support doctors - from all backgrounds, grades, and types - to deliver safe patient care.

We also call on policy makers to use the survey findings to inform their plans for the future. Improving the wellbeing of the workforce, building on learnings from the pandemic, and designing more flexible training pathways are crucial if the health services are to retain, and sustain, trainees and trainers in all four countries of the UK.

As in previous years, the survey gives doctors in training an opportunity to report concerns relating to patient safety or bullying or undermining that haven't been resolved locally. Where this happens, we share information with the relevant postgraduate dean who must tell us what action has been taken to address the issue.

* See www.gmc-uk.org/education/enhanced_monitoring.asp

Responses to the survey

This year over 67,000 doctors in training and trainers completed the survey. 76% of all trainees and 34% of all trainers responded. This large number of responses enables us to effectively monitor the quality of training environments in all four countries of the UK.

Table 1: Completion rates by country

	England	NI	Scotland	Wales	UK
Trainees	75%	78%	81%	87%	76% (as 2021)
(No. of doctors)	40,330	1,405	4,659	2,391	48,785
Trainers	34%	42%	29%	58%	34% (↑2pp)
(No. of doctors)	14,884	570	1,521	1,459	18,434

This report focuses on UK-wide trends. We have only included country-specific data where there are any notable differences. This report summarises our initial findings in four key areas:

- The quality of training and the support for trainers
- Doctors' wellbeing at work and workload
- Supportive environments
- Coronavirus (COVID-19) pandemic training recovery.

High-level findings

The quality of training

Overall, most trainees continue to be satisfied with the quality of their training. Positive responses to questions about supervision, teaching and overall experience are consistent across all four countries of the UK.

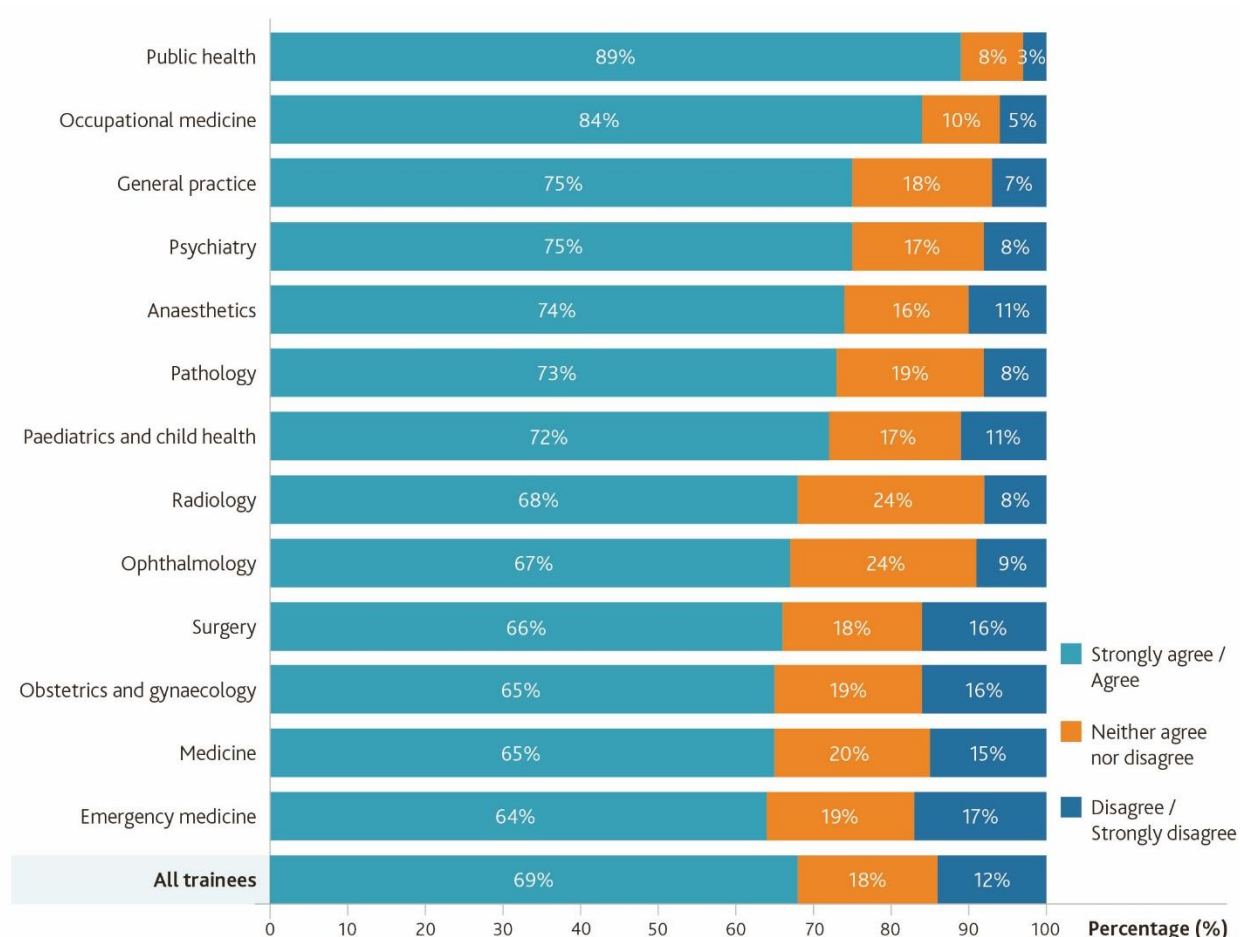
74% of all trainees rated the quality of teaching as either good or very good. While this is a two percentage point (pp) decline from 2021, there is variation between specialties. Almost nine out of ten trainees (87%) in general practice posts described the quality of teaching as good or very good, compared to less than seven out of ten trainees in medicine (66%) surgery (64%) and obstetrics and gynaecology posts (65%).

Trainees were very positive about the quality of their clinical supervision, with 87% of all trainees rating it as good or very good. Specialty variations to these questions are consistent with previous years.

When asked about the quality of experience in their post, 83% of all trainees said it was good or very good, a decrease of two percentage points from 2021. All post specialties, except for pathology (↑1pp since 2021), had similar results as last year, or saw a small decrease in their positive responses.

We introduced a new question to ask trainees if their post gave them opportunities to develop their leadership skills, relevant to their stage of training. 69% of all trainees agreed or strongly agreed, although there was variation in responses according to specialty (see figure 1). We will continue to monitor responses to this question to help to support the development of future healthcare leaders.

Figure 1: Trainees - In this post I am given opportunities to develop my leadership skills relevant for my stage of training, split by post specialty



Trainers from all regions and specialties continue to be very positive about their role, with nine out of ten doctors (90%) saying they enjoy their role as a trainer. But, when asked if they were

always able to use the time allocated to them specifically for that purpose, less than half of all trainers (45% ↓2pp) said that they were.

We continue to see marked variation between specialties to this question. Public health (41%) and general practice (58%) trainers have recorded the largest continuous decline of positive responses since 2019 (↓8pp). There’s also some geographic variation. Trainers in Scotland recorded nearly as many negative responses as positive ones, though it's important to note that a lower proportion (29%) completed the survey, compared to the other countries of the UK.

Table 2: Trainers - I am always able to use the time allocated to me in my role, by country

I am always able to use the time allocated to me in my role as trainer, specifically for that purpose	Positive	Negative
England	46%	31%
NI	44%	32%
Scotland	40%	38%
Wales	46%	32%
UK	45%	31%

To explore how trainers are supported in their role, we added new questions about access to resources and development opportunities.

Three quarters (74%) of all trainers said that if they have a trainee requiring extra support, the support available from their employer or local education team is good or very good. 85% of general practice (GP) trainers also responded positively to this question. However, noticeably a third of all trainers (30%) said they didn’t know what support is available from their statutory education body (SEB)* if they have a trainee requiring extra support.

85% of all trainers agreed that they have access to the training and support they need to provide effective feedback on their trainees’ performance. However, one out of ten (11%) trainers didn’t agree that the resources that they need as a trainer, such as IT infrastructure and appropriate rooms for meetings with trainees, are available to them in their workplace.

We also asked trainers if they’d had an education appraisal within the last twelve months, and if so, how effective it was for delivering their development needs as a trainer. While a half (49%) of

* Statutory Education Bodies were formerly referred to as deaneries. The SEBs are Health Education England, the Northern Ireland Medical and Dental Training Agency, NHS Education for Scotland and Health Education and Improvement Wales.

all trainers said it was highly effective or effective, 23% had not had an education appraisal within the previous twelve months.

There was some variation according to specialty to these new questions, summarised in tables 3 and 4:

Table 3: Secondary care trainers – Support and development questions

Secondary care trainers	Positive	Negative
Please rate the support available to you from your employer when you have a trainee requiring extra support.	72%	12%
Do you know what support is available to you from your SEB office (statutory education body) if you have a trainee requiring extra support?	63%	37%
The resources I need to perform my role as a trainer are available to me in my workplace.	72%	12%
I have access to the training and support I need to provide effective feedback on my trainees' performance.	84%	3%
I have access to the resources I need to confidently support trainees of all backgrounds, beliefs and identities (including trainees with protected characteristics).	70%	5%
If you've had an education appraisal within the last 12 months how effective was it for reviewing your development needs as a trainer?	48%	6%

Table 4: General practice trainers – Support and development questions

GP trainers	Positive	Negative
Please rate the support available to you from your local education team when you have a trainee requiring extra support.	85%	6%
Do you know what support is available to you from your SEB office (statutory education body) if you have a trainee requiring extra support?	72%	28%
The resources I need to perform my role as a trainer are available to me in my workplace.	87%	6%
I have access to the training and support I need to provide effective feedback on my trainees' performance.	92%	1%
I have access to the resources I need to confidently support trainees of all backgrounds, beliefs and identities (including trainees with protected characteristics).	81%	3%
If you've had an education appraisal within the last 12 months, how effective was it for reviewing your development needs as a trainer?	54%	6%

Enabling high-quality training

It is encouraging, that in spite of the impact of the pandemic, employers and education bodies across the UK continue to deliver high-quality training that meets our standards. The survey findings show that doctors in training value and appreciate the hard work and commitment demonstrated by their trainers, with almost three-quarters of trainees saying they were satisfied with the quality of their workplace training, describing the teaching as either 'good' or 'very good'.

However, while trainers are positive about their role, some face challenges in accessing the support that's available to them, either through lack of awareness, lack of time and/or limited resources. This year, 90% said they enjoyed the role, although less than half (45%) said they were always able to use the time allocated for that purpose.

High quality training is critical to the future of medical practice and patient safety. Trainers support trainees in developing knowledge and skills. They explain, demonstrate, supervise, and help shape the professional behaviours we expect of doctors practising in the UK. We therefore expect organisations responsible for training environments to use the data from this survey to make improvements for trainers as well as trainees.

As well as using our ongoing quality assurance processes to address concerns about individual training sites or specialties, we'll also explore the barriers to accessing support reported by trainers in their survey responses.

Supporting trainers in their role and improving leadership

Access to support and professional development opportunities for trainers plays an important part in addressing differences in educational outcomes. However, 35% of trainers said they were either unaware of support available to them, that it didn't meet their needs, or were unable to access it, should one of their trainees require extra support. We will work with postgraduate deans and education providers to address this finding as a matter of urgency.

Appraisals also play a vital role in a trainer's ongoing development. While we recognise the many pressures placed on the health service, we're concerned that 23% of trainers told us they haven't had an education appraisal within the last twelve months.

Strong and compassionate leadership creates better environments for effective training – for both trainees and trainers. That's why we're proposing to emphasise the importance of leadership in the updated version of *Good medical practice*, the standards of patient care and professional behaviour expected of all doctors in the UK. This includes introducing a new duty to encourage doctors to develop leadership skills appropriate to their role. We've also proposed changes that highlight the key part that doctors play in creating positive and inclusive working

cultures. Between April and July this year, we've been seeking views on the updated guidance from medical professionals, patients, and healthcare organisations across the UK. We'll use the feedback from this public consultation, alongside the data from the survey, as we develop the final version of our core guidance.

Wellbeing at work

Since 2018 we have asked trainees seven work-related questions taken from the [Copenhagen Burnout Inventory](#). This year over 44,000 doctors chose to answer these voluntary questions to help us understand the extent of this problem and to enable us to monitor trainee and trainer wellbeing in the workplace.

This year there was an increase in negative responses to each question from trainees, continuing the trend we first noted in last year's report.

Two fifths of trainees who responded (39% ↑6pp since 2021) said that they feel burnt out to a high or very high degree because of their work. Over half (51% ↑7pp) said they felt that their work was emotionally exhausting to a high or very high degree and two thirds (66% ↑7pp) said they always or often feel worn out at the end of the working day.

Figure 2: Trainees – Negative responses to individual burnout questions, 2018 – 2022



Table 5: Trainees – Responses to burnout questions

Trainees	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
Is your work emotionally exhausting?	16%	34%	37%	10%	3%
Do you feel burnt out because of your work?	14%	25%	38%	17%	7%
Does your work frustrate you?	13%	21%	37%	21%	9%
	Always	Often	Sometimes	Seldom	Never
Do you feel worn out at the end of the working day?	21%	44%	27%	6%	1%
Are you exhausted in the morning at the thought of another day at work?	14%	30%	33%	17%	7%
Do you feel that every working hour is tiring for you?	6%	16%	32%	31%	15%
Do you have enough energy for family and friends during leisure time?	6%	32%	40%	18%	4%

Trainees in emergency medicine posts gave the most negative responses to all seven questions. For example, over a third (35%, ↑9pp) said that every working hour is always or often tiring for them. Trainees in medicine, surgery and obstetrics and gynaecology posts also reported more overall negative responses than average to most of the questions. Half (49%, ↑9pp) of trainees in medicine posts said that they are always or often exhausted in the morning at the thought of another working day, and over two fifths (42%, ↑6pp) of surgery trainees said that their work frustrates them to a high or very high degree.

GP and secondary care trainers also gave more negative responses to these questions than in previous years. When asked if they felt burnt out because of their work, 27% of secondary care trainers and 25% of GP trainers said to a very high or high degree. This is a two and three percentage point increase from 2021 respectively. There was a large variation between specialties for these questions. For example, 61% (↑18pp) of trainers in emergency medicine felt their work frustrated them to a high or very high degree as opposed to 31% (↑2pp) of GP trainers, while nearly three quarters (73%, ↑2pp) of GP trainers told us they always or often feel worn out at the end of the working day compared to 43% (no change) of surgery trainers. Apart from this question, emergency medicine trainers and trainees consistently gave the most negative responses.

Table 6: General practice trainers – Responses to burnout questions

GP trainers	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
Is your work emotionally exhausting?	19%	39%	32%	7%	3%
Do you feel burnt out because of your work?	7%	17%	43%	21%	12%
Does your work frustrate you?	9%	22%	45%	17%	7%
	Always	Often	Sometimes	Seldom	Never
Do you feel worn out at the end of the working day?	30%	43%	22%	5%	1%
Are you exhausted in the morning at the thought of another day at work?	7%	24%	37%	20%	11%
Do you feel that every working hour is tiring for you?	5%	20%	32%	28%	15%
Do you have enough energy for family and friends during leisure time?	12%	39%	39%	9%	1%

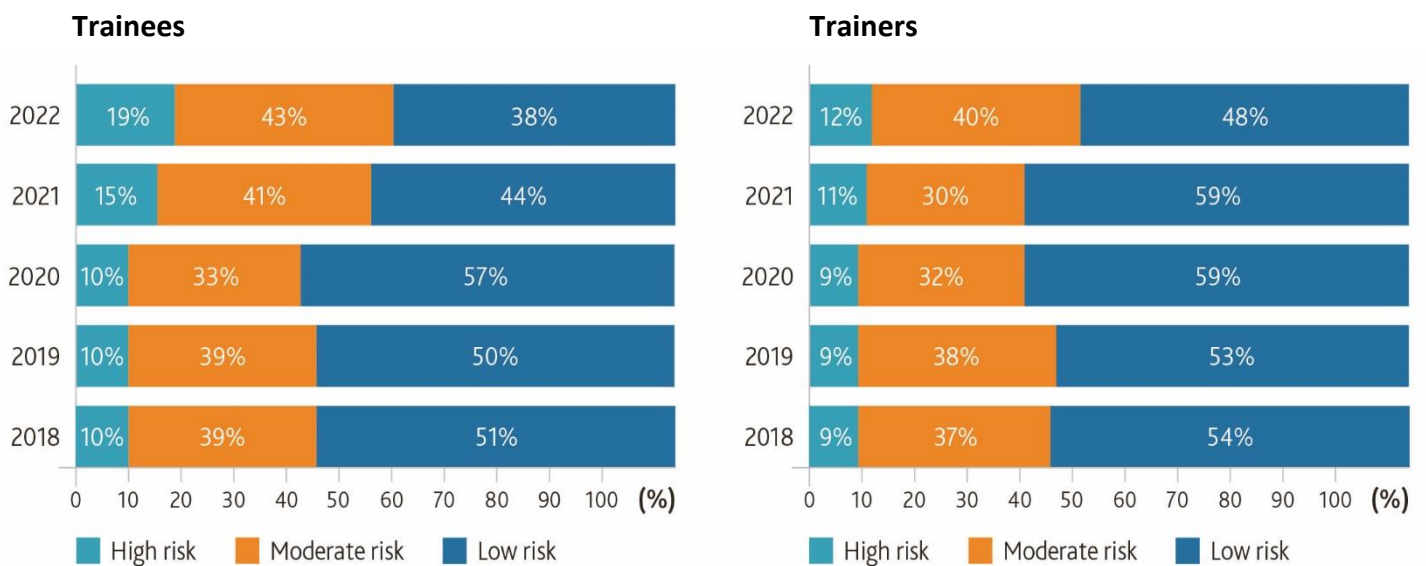
Table 7: Secondary care trainers – Responses to burnout questions

Secondary care trainers	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
Is your work emotionally exhausting?	14%	32%	38%	11%	4%
Do you feel burnt out because of your work?	8%	19%	39%	21%	13%
Does your work frustrate you?	11%	21%	38%	19%	10%
	Always	Often	Sometimes	Seldom	Never
Do you feel worn out at the end of the working day?	12%	38%	37%	11%	3%
Are you exhausted in the morning at the thought of another day at work?	4%	19%	35%	26%	16%
Do you feel that every working hour is tiring for you?	2%	11%	29%	34%	24%
Do you have enough energy for family and friends during leisure time?	9%	40%	37%	12%	2%

Risk of burnout

Our indicator, based on the responses to the seven questions, measures overall risk of burnout. It shows that since 2021 the proportion of trainees and trainers at high risk of burnout has increased to 19% (↑4pp since 2021) of all trainees and 12% (↑1pp) of all trainers. In fact, over half of the trainers (52%) and 63% of the trainees who responded to the questions were at either moderate or high risk of burnout: the highest levels since we introduced these questions.

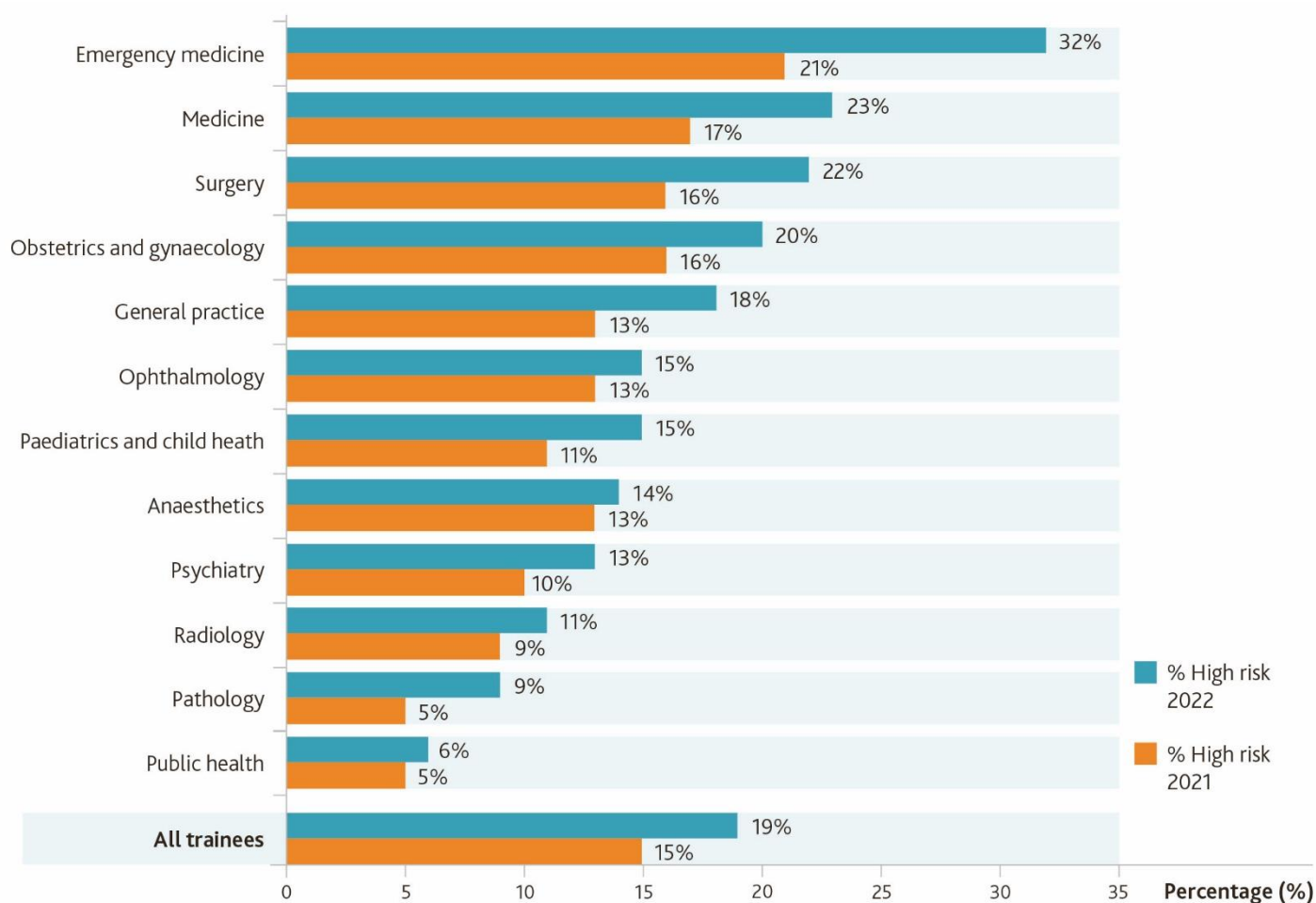
Figure 3: Trainees and trainers – Calculated risk of burnout 2018 – 2022



Trainees at high risk of burnout

All post specialties show an increase in the proportion of trainees at high risk of burnout. One out of three (32%) trainees in emergency medicine fall into this category, an eleven percentage point increase since 2021.

Figure 4: Trainees – Post specialty variation at high risk of burnout, 2022 vs 2021

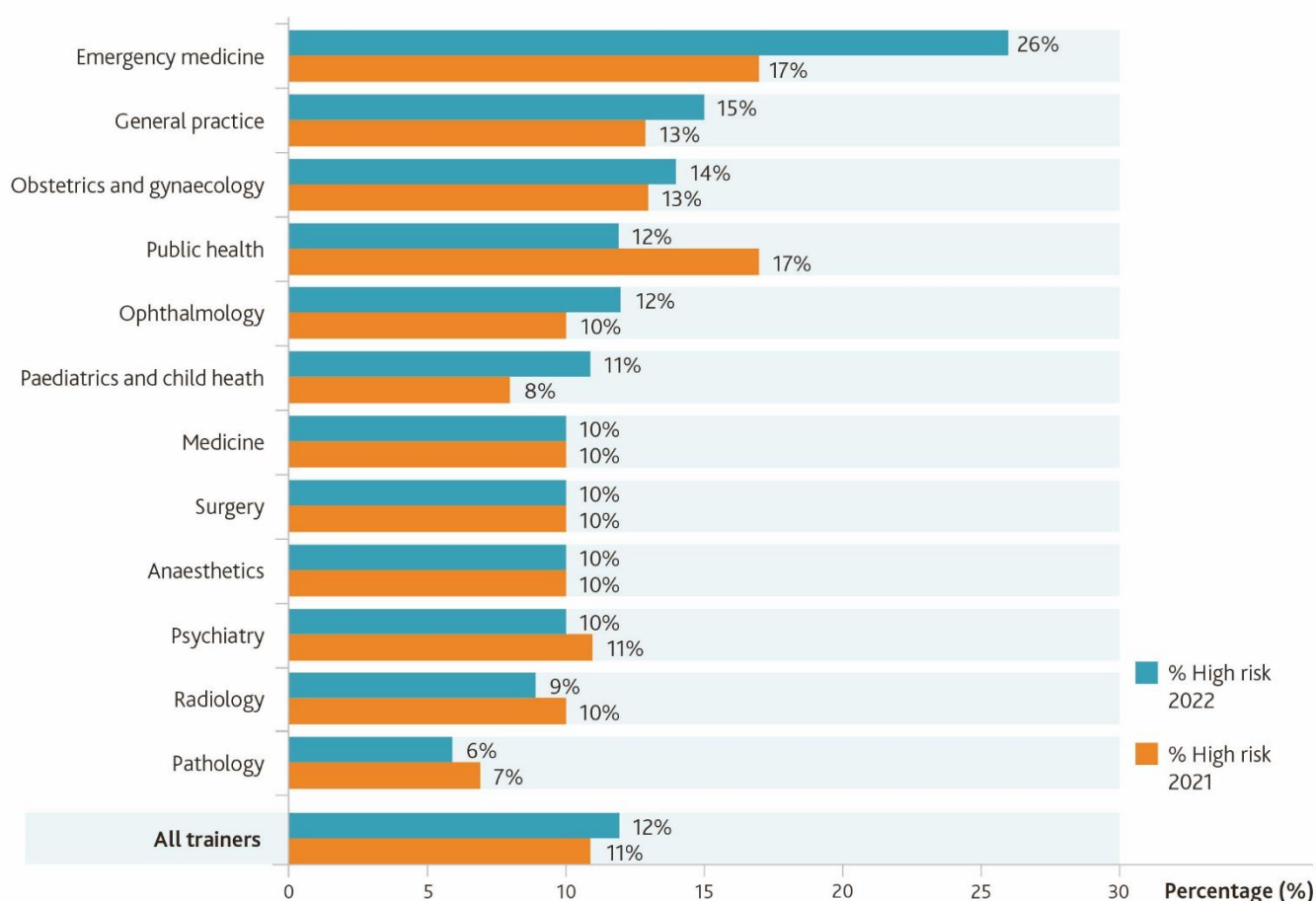


Although 67% of trainees said they knew who to contact in their trust/ board (or equivalent) to discuss matters relating to occupational health and wellbeing, this decreases to 52% for those trainees at high risk of burnout. This variation is consistent with 2019 and 2021.

Trainers at high risk of burnout

Since we added these questions to the survey, emergency medicine has consistently been the specialty with the highest proportion of doctors at high risk of burnout. This year over a quarter of trainers (26%) are in this category (↑9pp since 2021). Other specialties reporting an increase are obstetrics and gynaecology (↑1pp), general practice (↑2pp), paediatrics and child health (↑3pp), and ophthalmology (↑2pp). The only specialties to see a decline in the proportion of trainers at high risk of burnout since 2019 are psychiatry, radiology, and pathology (all ↓1pp).

Figure 5: Trainers – Specialty variation at high risk of burnout, 2022 vs 2021



Although these results are generally consistent across the four countries of the UK, Northern Ireland records a slightly larger proportion of trainers at high risk of burnout.

Table 8: Trainers – Risk of burnout by country

Trainer country	High risk	Moderate risk	Low risk
England	12%	39%	49%
NI	17%	41%	42%
Scotland	11%	42%	47%
Wales	13%	41%	47%
UK	12%	40%	48%

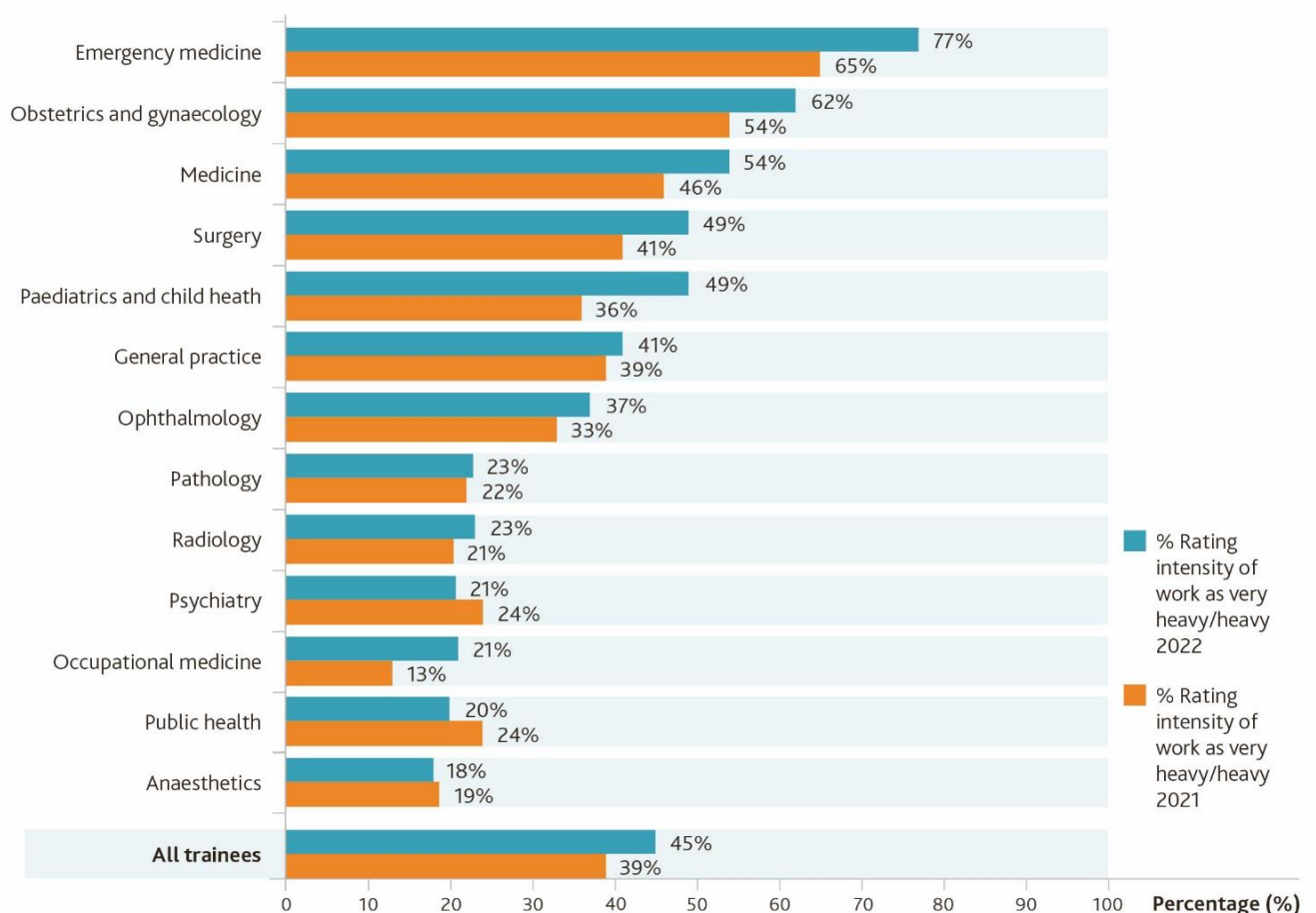
Workload

When we asked trainees to rate the intensity of their work (by day) there was a large variation between specialties. For example, 77% (↑12pp since 2021) of trainees in emergency medicine posts rated the intensity of work as heavy or very heavy compared to 41% of those in GP posts

(↑2pp) and 18% in anaesthetics posts (↓1pp). Before the pandemic, the proportion of trainees reporting these conditions had been decreasing steadily since 2015 to 39%. This trend is reversed in 2022, with 45% of all trainee doctors saying that the intensity of their work, by day, is either very heavy or heavy. Emergency medicine, obstetrics and gynaecology, medicine and surgery had the largest proportions of trainees in post rating the intensity of their work as very heavy or heavy. These are the same post specialties that recorded the largest proportions of doctors at a high risk of burnout.

One in ten (10%) of all trainees said that they worked beyond their rostered hours daily, an increase of one percentage point from 2021. This figure rose to 16% (↑2pp since 2021) of trainees in GP posts, although over a fifth (22%) told us they never worked beyond their rostered hours.

Figure 6: Trainees – Rating intensity of workload as heavy/very heavy 2022 vs 2021, split by post specialty



Addressing burnout and the impact on doctors' health

Responses to questions on burnout are the most negative since we introduced them in 2018, with the rise in negative responses from emergency medicine trainees and trainers being particularly pronounced. The results also clearly highlight increasingly heavy workloads for almost all specialties. And the same specialties that report the most intense workloads, are the same ones at high risk of burnout.

Doctors deliver better and safer patient-centred care if their own health and wellbeing is managed effectively at work. In 2018 we commissioned Professor Michael West and Dame Denise Coia to carry out a UK wide review into the factors which impact on the mental health and wellbeing of medical students and doctors. In their report [Caring for doctors, Caring for patients](#) they provided clear evidence about the effect that workplace stress in healthcare organisations has on the quality of patient care, patient satisfaction and doctors' own health.

Workplace stress and burnout can have profound behavioural, psychological, and physiological consequences for doctors. This includes poor performance, lower productivity, sleep deprivation and an increase in the risk of diagnosed illnesses. This research also showed a link between burnout and retention of doctors in the health services. Doctors experiencing burnout are more likely to consider leaving the profession, reducing their hours, or taking early retirement.

The pandemic and subsequent backlog has put the UK health services under immense strain. It's vital that increased workloads, and the burnout risk that goes with them, are rapidly addressed across all four countries of the UK. Without action, retention and recruitment into the medical workforce will be at risk. In turn the health services' ability to address backlogs created by the pandemic will be hampered; creating a vicious circle that could not only affect the health and wellbeing of doctors, but patient safety for the long term.

Doctors' training and wellbeing needs must be at the heart of workforce planning. We urge policy makers to use the survey results to help inform their approach, as the health services continue post-pandemic recovery.

Supportive environments

Four fifths (79%) of all trainees agreed that their working environment is a fully supportive one. This is consistent across the four countries of the UK. Variations between different post specialties are also similar to last year, and before the pandemic. As in 2021, a greater proportion of doctors in surgery (11% ↑2pp since 2021) and obstetrics and gynaecology posts (11% ↑3pp) disagreed with this statement.

67% of all trainees agreed or strongly agreed that staff are always treated fairly but 15% disagreed, an increase of three percentage points since 2021. Three quarters (76%) of all trainees

said that staff always treat each other with respect. Trainees in GP posts were even more positive, with 90% agreeing or strongly agreeing that this was the case.

88% (↓1 pp since 2021) of trainees agreed or strongly agreed that their workplace provides a supportive environment for everyone regardless of background, beliefs, or identity. This still means that more than one in ten (12%) do not agree. And we know from our [analysis](#) of this question in our 2021 report on [The state of medical education and practice in the UK](#), some groups of doctors with protected characteristics can have different experiences.

Table 9: Trainees – Supportive environment questions

Trainees	Positive		Neutral		Negative	
	2021	2022	2021	2022	2021	2022
The working environment is a fully supportive one.	81%	79%	13%	14%	6%	7%
Staff, including doctors in training, are always treated fairly.	70%	67%	18%	18%	12%	15%
Staff, including doctors in training, always treat each other with respect.	79%	76%	13%	14%	8%	10%
My department/unit/practice provides a supportive environment for everyone regardless of background, beliefs, or identity.	89%	88%	8%	8%	3%	3%

Most GP trainers (98% ↓1pp) said they agreed their practice provides a supportive environment for everyone regardless of background, beliefs, or identity. However, like last year, trainers in secondary care were less positive, with 79% (↑2pp) agreeing with this statement. Overall, nearly two in ten (18%) trainers (GP and secondary care combined) don't agree there is a supportive environment for everyone.

A smaller proportion of secondary care trainers than GP trainers said that staff are always treated fairly by their employer. Indeed, more than one out of ten (13%) trainers from secondary care disagreed or strongly disagreed that this was the case compared to 1% of GP trainers. There was also some variation according to specialty. For example, half of trainers (50%) in occupational

medicine agreed that staff are always treated fairly by their employer, compared to seven out of ten trainers (69%) in pathology.

Table 10: Trainers – Supportive environment questions

Trainers	Positive			Neutral			Negative		
	Sec care	GP	All	Sec care	GP	All	Sec care	GP	All
Staff are always treated fairly by my employer / in my practice.	62%	97%	67%	26%	2%	22%	13%	1%	11%
My employer/practice provides a supportive environment for everyone regardless of background, beliefs or identity.	79%	98%	82%	16%	2%	13%	6%	0%	5%

Last year we introduced a question asking trainees and trainers whether incidents of rudeness and incivility amongst doctors/healthcare staff are negatively affecting their experience in their post. As in 2021, 37% of trainees had not experienced any rudeness and incivility amongst their colleagues, although over one in ten (14%) said that they had. Whilst a fifth of trainers (22% ↓2pp since 2021) had not experienced any rudeness and incivility amongst doctors and healthcare staff, a fifth (20% ↑2pp) reported that incidents of rudeness and incivility were negatively affecting them. There was a large variation according to specialty. 42% (↑7pp) of trainers in emergency medicine and 28% (↑3pp) of those in obstetrics and gynaecology agreed or strongly agreed that incidents of rudeness and incivility amongst doctors and healthcare staff negatively affects their experience, compared to 13% (↑5pp) of GP trainers and 11% (↑3pp) of public health trainers.

Tackling inequality and building inclusive environments

Our survey findings show that more than one in ten (12%) trainees and nearly two in ten (18%) trainers do not agree that their employer provides a supportive environment for everyone regardless of background, beliefs, or identity. There is also clear evidence that some specialties, especially those experiencing higher levels of burnout, are also experiencing more incidents of rudeness and incivility from other doctors/healthcare staff in their workplace.

Extensive research shows that healthcare professionals who work in supportive environments, where their wellbeing is a priority, are better able to give patients safe, high-quality care. It also shows that inclusive learning environments – where diversity in all its senses is welcomed and valued - underpins the entire training experience.* It affects how easily or not learners can access the resources they need to successfully navigate training, including feedback, mentoring, and support to prepare for high-stakes exams and overcome setbacks.

In 2021, we committed to eliminate discrimination, disadvantage, and unfairness in medical education and training by 2031, and to accelerate the pace of change. We've recently [published our first, annual update, on the progress that we and organisations across the UK are making](#) to meet this target. This includes requiring postgraduate deans and royal colleges to develop action plans to address differential attainment for international medical graduates and ethnic minority learners. We're also partnering with a number of organisations to pilot projects that support exam preparation and mentoring, such as funding the [Melanin Medics' enrichment programme](#) which focuses on peer-support and mentorship for final year medical students of black African and Caribbean heritage. We expect the results of the evaluation to be available later in 2022.

At the heart of our 2021-25 strategy, is our work with partners to improve environments and cultures, making them supportive, inclusive, and fair for medical professionals. We are also joining with education and training providers and employers to help them embed inclusive leadership, good inductions, effective team working and manageable workloads across all four countries of the UK. And our Outreach teams are working with local organisations across the UK to help doctors develop skills and confidence to address unprofessional behaviours.

But given this year's survey findings, there's clearly more for us all to do to achieve long term improvements. Tackling inequality needs to remain an urgent priority for everyone. Not only is it the right thing to do, it's also essential to retain trainees and trainers, and to develop a sustainable workforce for the future.

COVID-19 and training recovery

In 2021, we introduced new questions to help us track the ongoing impact of the pandemic on training, and to explore if new approaches and processes to support training recovery were being effective.

* GMC (2019), [What supported your success in training? A qualitative exploration of the factors associated with an absence of an ethnic attainment gap in post-graduate specialty training](#), pp.13-16.

While it is encouraging that trainee responses to these questions in 2022 have generally been more positive, the wide variation in responses according to specialty is still a concern. For example, while there was an eight percentage point rise in the proportion of all trainees (34%) agreeing that they have been provided with effective simulation facilities or exercises to replace missed training opportunities, only 18% of surgery trainees agreed with this statement.

47% (↑6pp since 2021) of trainees agreed that they have been able to compensate for any loss of training opportunities through transferable skills gained from other aspects of their training. This compares to 31% of trainees on obstetrics and gynaecology programmes and 28% of trainees on surgery programmes who agreed.

There has been a slight decrease of two percentage points since 2021 in the proportion of trainees (72%) agreeing that virtual learning environments are being used effectively to support their training. Again, there was a large variation according to programme specialty. More than eight out of ten trainees on psychiatry (88%), occupational medicine (87%) pathology (84%) and GP programmes (82%) responded positively to this statement, compared to just over half of those on surgery programmes (55%).

Seven out of ten trainees (70%) agreed that they were on course to gain enough experience in the operative/practical procedures needed for their stage of training compared to 47% of trainees on obstetrics and gynaecology programmes.

A larger proportion of doctors in 2022 (61% ↑6pp) agreed that they've had, or expect to have had, enough training opportunities to adequately prepare them for their next professional exams. 85% (↑4pp) of trainees felt they are on course to meet their curriculum competencies/outcomes for this stage of their training.

A fifth (21%) of trainees who completed the survey said they didn't need any opportunities to backfill what had been lost due to the pandemic. Of those who did, 40% agreed they'd been provided enough training opportunities, although it is a concern that nearly a third (30%) felt this was not the case.

Table 11: Trainees - coronavirus (COVID-19) pandemic training recovery questions

Trainees	Positive		Neutral		Negative	
	2021	2022	2021	2022	2021	2022
I have been able to compensate for loss of training opportunities through transferable skills gained from other aspects of my training.	41%	47%	28%	30%	31%	23%
To replace my missed training opportunities, I've been provided with effective alternatives through simulation facilities and/or simulation exercises.	26%	34%	25%	29%	49%	38%
Virtual learning environments are being used effectively to support my training.	74%	72%	15%	16%	11%	12%
Since the start of this training year, have you been able to participate in the expected number of workplace-based (or local) assessments?	73%	77%	1%	2%	26%	20%
The adapted workplace-based assessments offer the same (or improved) learning opportunities as they did prior to the COVID-19 pandemic*.	42%	36%	32%	47%	26%	17%
I have (or expect to have) had enough training opportunities to adequately prepare me for my next relevant professional exam(s).	55%	61%	26%	22%	20%	17%
I've been able to access a slot(s) to sit my relevant professional exams for my stage of training.	79%	82%	12%	12%	9%	6%
I'm on course to meet my curriculum competencies/outcomes for this stage of my training.	81%	85%	10%	9%	10%	7%

*5% of doctors did not participate in any workplace assessments, or their workplace-based assessments were already online.

Supporting doctors in training to progress

Throughout the pandemic, we worked with statutory education bodies in all four countries of the UK and medical royal colleges and faculties to introduce measures that allowed trainees to continue to progress through the training pathway. This included agreeing the use of alternative evidence of competence and capability for trainees' annual review of competency progression (ARCP). We did this to ensure that trainees weren't unduly disadvantaged by pandemic-related circumstances out of their control, such as cancelled exams, or missed opportunities for carrying out clinical procedures.

In September 2021 we agreed to continue some of these changes for the period of disruption to training caused by the pandemic. We will continue to monitor and review these measures, only removing them following full discussions with our partners in the wider system.

Progression along the training pathway is important – both for individual doctors and patient care. But where trainees need extra opportunities to gain or catch-up skills and experiences, adequate support for those doctors is vital. It's therefore pleasing to see that this year's survey results show some improvements from last year's findings.

It's vital that organisations responsible for training pathways and assessments continue their efforts to accommodate the diverse range of circumstances that trainees are working in, as we move forward from the pandemic. Sustaining the positive innovations that emerged during this period is also important, so we'll continue to explore – with our partners – what else we can do to adapt training, to meet the needs of the future workforce and patient care.

Conclusion

It's testament to the hard work and commitment demonstrated by trainees, trainers, their postgraduate deans and training providers, that there's much to welcome in this year's survey results.

Nine out of ten trainees rated their clinical supervision as good or very good; more than four fifths said they were confident they would be able to progress to the next stage of training. And nine out of ten trainers told us that they enjoyed their training role; with nearly three quarters saying they had the resources they needed to train.

However, while we're encouraged that the quality of training across the UK remains high, we're concerned that the pandemic continues to impact on doctors' workload and wellbeing; and that the risk of burnout has increased for many.

Over half of trainers and nearly two thirds of trainees are now at moderate or high risk of burnout, the highest level since we introduced questions from the Copenhagen Burnout Inventory, in 2018. And although four fifths of trainees said the environments they work in are fully supportive, a fifth of trainers said that rudeness and incivility amongst colleagues was negatively affecting their experience of work.

As medical training continues to recover from the impact of the pandemic, unsustainable workplace pressures must not become the norm. Developing inclusive and supportive environments for doctors of all backgrounds, grades, specialties and types, is vital. The future sustainability of the UK's health services and patient care depend on it. We are committed to playing our part. We'll continue to use the national training survey to drive improvements in

posts and specialties across the UK, and to speak up about issues that affect trainees and trainers in England, Northern Ireland, Scotland, and Wales. And we strongly encourage our partners across the healthcare and education systems to do the same, by scrutinising the comprehensive data in our online reporting tool for their organisation, country, or region. By working together, we can support our trainees and trainers to maintain the many positives and tackle the challenges set out in this report.

Survey development

Given the ever-changing landscape of UK healthcare, we review the survey each year to make sure that the questions continue to be relevant and deliver the data we need to quality assure postgraduate medical training. Any changes we make are the result of ongoing engagement with doctors, medical educators, representative organisations, and employers.

After completing the survey, we invite doctors to help us develop and test proposed changes for future years. If you'd like to get involved, we'd value your input. Please email nts@gmc-uk.org.

Our data

Percentages in all tables and charts are rounded and may not add up to 100.

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Published July 2022

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The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750).
GMC/NTSR2022/0722.